Program Activity Cover Page

Program Name: Kit for New Parents Distribution

Program ID: 2 5 0 0 0 1

Directions: Enter only one digit per box. **Please use a black ink pen.** Other ink colors and pencil cannot be read by our scanners.

1. Please mark (X) which type of organization best describes the agency providing this program:

[X] Commission-run program → Go to question 3.

[ ] Externally run program → Please mark (X) **ONE** box below and then go to question 2.

[ ] *Family resource center*

Child care center or preschool
- [ ] Head Start
- [ ] State preschool
- [ ] Private preschool
- [ ] Family-based child care
- [ ] Other child care center or preschool

Education organization
- [ ] Elementary or middle school (K-8)
- [ ] Secondary school (9-12)
- [ ] School district
- [ ] County office of education
- [ ] 2-year community college
- [ ] 4-year college or university
- [ ] Other education organization

County service agency (other than education)
- [ ] Department of Health
- [ ] Department of Social Services
- [ ] Department of Mental Health
- [ ] Other county service agency

Other public-sector organization
- [ ] Justice system/police
- [ ] City government program
- [ ] Other government program

Private provider/nonprofit community organization
- [ ] Community-based organization
- [ ] Other nonprofit organization
- [ ] Private medical, dental, or mental health organization
- [ ] Other private organization

Consulting organization
- [ ] Evaluation/research organization
- [ ] Technical assistance organization
- [ ] Other consulting organization

- [ ] *Other organization*

2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.

Street address: 4 0 1 E P A R A D I S E R O A D

City: M O D E S T O   Zip: 9 5 3 5 1

Service radius (miles): 30.0

3. Does this funded program receive State School Readiness Initiative funds? [ ] Yes [X] No

4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.

- [ ] Direct services: $ ___,___,___
- [ ] Community strengthening efforts: $ ___,___,___
- [ ] Provider capacity building/support: $ ___,___,___
- [ ] Infrastructure investments: $ ___,___,___
- [ ] Systems change support activities: $ ___,___,___
- [ ] Minigrants (Commission-run only): $ ___,___,___

Please attach the Activity Form for each strategy marked.

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Direct Services Activity Form

Program Name   Kit for New Parents Distribution

Program ID | 2 | 5 | 0 | 0 | 0 | 1 |

Directions: For each unique set of activities (i.e., combination of modality and activities), please enter the requested information on the front and back of this form. Use an additional form for each modality/activities combination. **Please use a black ink pen.** Other ink colors and pencil cannot be read by our scanners. Enter only one digit per box.

Enter **ONE** modality code in the boxes below.

Modality

| 0 | 9 |

01 Case management	04 In-person consultation/service
02 Home visit	05 Support group session
03 Mobile service	06 Class/workshop

07 Public/community event
08 Phone consultation
09 Mailing/distribution of materials
99 Other

Please mark (X) ALL applicable activities associated with the modality selected above.

Family Support, Education, and Services

- [ ] Community resource and referral (to health and social services)
- [ ] Service coordination
- [ ] Enrollment/assistance with TANF, WIC, Food Stamps, or food program
- [ ] Provision of food, clothes, emergency funds, housing, or other basic needs
- [ ] Transportation services or vouchers
- [ ] Safety education and injury/violence prevention
- [X] Distribution of Kit for New Parents
- [ ] Parenting education (includes programs for teens)
- [ ] Parenting/caregiver support (includes programs for teens)
- [ ] Family planning (includes programs for teens)
- [ ] Adult literacy programs
- [ ] Job training/citizenship/other adult education
- [ ] Other family support, education, and services

Health Education and Services

- [ ] Health insurance enrollment/assistance
- [ ] Tobacco cessation education or treatment
- [ ] Mental health assessment or services (includes crisis counseling)
- [ ] Substance abuse treatment/screening (not tobacco cessation)
- [ ] Prenatal and birth care and education
- [ ] Breastfeeding assistance
- [ ] Well-baby or well-child checkups
- [ ] Acute medical care
- [ ] Health screenings
- [ ] Immunizations
- [ ] Oral health treatment, screening, or prevention
- [ ] Nutrition education and assessments
- [ ] Car seat distribution
- [ ] Other health education and services

Child Development Services

- [ ] Developmental screenings/assessments
- [ ] Recreational/physical activities for children alone or together with parents
- [ ] Family literacy programs
- [ ] Early education programs for children alone or together with parents
- [ ] ECE*/child care resource and referral (nonmonetary)
- [ ] ECE*/child care subsidies or vouchers
- [ ] Kindergarten transition programs
- [ ] Other child development services

Continue on reverse →

* ECE = Early care and education.

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Please enter requested information on the modality/activities combination reported on Page 1.

	Children (0 to 5)*	Parents/guardians	Other family members
Total number of service units**	,	5 , 0 9 1	,
Total number of participants served	,	,	,

Ethnicity (Number of participants)

	Children (0 to 5)*	Parents/guardians	Other family members
Alaska Native/ American Indian	,	,	,
Asian	,	,	,
Black	,	,	,
Latino	,	,	,
Pacific Islander	,	,	,
White	,	,	,
Multiracial***	,	,	,
Other	,	,	,
Unknown	,	,	,

Primary language (Number of participants)

	Children (0 to 5)*	Parents/guardians	Other family members
English	,	,	,
Spanish	,	,	,
Other	,	,	,
Unknown	,	,	,

Age (Number)

	Children served directly by programs	Children served indirectly through parents/guardians and other family members who received services
< 3 years	,	,
3 to 5 years*	,	,
Unknown	,	,
Number of children having special needs	,	,

* Up to a child's 6th birthday.

**Service units = total number of sessions or contacts. If a child is seen twice, service units = 2. If there were 3 classes with 5 parents each, total service units = 15.

***More than one ethnic origin.

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